Assuring dental student head and neck cancer screening competency

With an annual incidence worldwide of >500,000 cases, head and neck squamous cell carcinoma (HNSCC) is the sixth most common malignancy. Despite recent advances in detection, prevention, and treatment, the overall 5-year survival for HNSCC continues to be modest. To improve long-term outcomes, effective screening, in conjunction with primary and secondary prevention strategies, is critical.

Screening for HNSCC is thought to decrease both morbidity and mortality, because, unlike most anatomic sites, oral cavity premalignant lesions are often visible during a conventional visual and tactile examination. However, evidence has repeatedly demonstrated that dentists possess a poor working knowledge of HNSCC and often do an inadequate job of screening for the disease. Studies have also found that the majority of senior dental students expressed uncertainty or lacked the ability to adequately recognize premalignant and/or malignant lesions of the oral cavity. These data suggest that the challenge of ensuring adequate HNSCC screening examinations may be multifactorial. Part of the issue may be related to the development of complacency among dentists as they move further away from their dental school education. In addition, new dentists may be unprepared to adequately perform thorough HNSCC screening examinations when they enter the workforce.

How can the latter be true? I am not intimately familiar with the curricula for each of the United States dental schools. However, I am certain that the preclinical training provided at these institutions has extensive didactic instruction regarding the pathobiology, diagnosis, and treatment of diseases of the oral and maxillofacial region, including HNSCC. Despite this, it would seem that the lessons learned in these classes are quickly forgotten and/or not reinforced during the second half of dental school when the focus of training shifts to the development of restorative skills. Some have also suggested that complacency among the clinical faculty regarding the performance of HNSCC screening has reinforced the perception among dental students that the development of excellent oral examination skills is of secondary importance. The lack of continuity between what is taught in the preclinical years and what is emphasized during the clinical years has been a longstanding issue in dental education. However, until now, the dichotomy between these phases of training has not been formally addressed regarding HNSCC screening.

Therefore, it is gratifying to see that the Commission of Dental Accreditation (CODA), the accrediting body chartered by the United States Department of Education, recently approved the establishment of an academic standard requiring all USA dental students to be competent in the performance of a HNSCC screening examination and risk assessment. The hope is that the requirement for dental students to demonstrate competency will result in the HNSCC screening examination becoming a routine component of patient management.

Though it represents an excellent opportunity to increase the competency of graduating dentists, there are still several questions regarding the implementation of this standard. How will each school define competency, and how will it be determined? How often will competency be tested, and how will schools remediate students? How will dental schools ensure that their clinical faculty are competent in HNSCC screening and that the faculty consistently assess the competency of dental students? Each of these critical issues must be addressed if this CODA standard is to have its intended effect.

Finally, it should be noted that this effort was spearheaded by Drs. Michael Siegel (American Academy of Oral Medicine [AAOM]), Wayne Herman (AAOM), and Valerie Murrah (American Academy of Oral and Maxillofacial Pathology [AAOMP]). Our colleagues should be congratulated for taking the lead on an issue that is near and dear to our professional hearts. It is also
an excellent example of how our respective Academies can find an area of common ground and work together in a collegial fashion. I sincerely hope that similar future collaborations of this nature can be forged between our respective Academies. We may not see eye to eye on all matters. However, both Academies are modest in size, and the old adage of there being “power in numbers” is certainly valid, especially in today’s ever-changing health care landscape.

Mark W. Lingen, DDS, PhD
Editor in Chief

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REFERENCES